



School Health Services Medication Discrepancy Report

Date: _____

Description of Discrepancy: Check the appropriate box and enter the number of units (e.g. pills, tablets, milliliters) by which the count is incorrect.	<input type="checkbox"/> Current count (actual medication on hand) is greater than the calculated amount by _____ units. <input type="checkbox"/> Current count (actual medication on hand) is less than the calculated amount by _____ units.
Discrepancy Verified: Initial that each action was performed. Each should be verified by two employees. (Use the space on the back to provide the full names for employees who verified the discrepancy.)	____ / ____: The amount listed as the Beginning Count on the Medication Inventory Sheet is the same as the amount listed as the previous Current Count. ____ / ____: The math calculations were double checked. ____ / ____: The medication was counted again. ____ / ____: The student's medication record was checked to determine if the number of doses noted as given appears accurate.

List all employees with access to the medications during the time frame in question:

Describe the reason for the discrepancy. If unknown, write unknown.

On the back of this form document your plan for preventing a future discrepancy. Note whether DHEC Bureau of Drug Control and/or local law enforcement were notified.

Signature of School Principal

Signature of School Nurse

